124 2792 DRIGIAINE UNITED STATES

FORM D

**CURITIES AND EXCHANGE COMMISSION** RECEIVED Washington, D.C. 20549 JUN 16 2003

## FORM D

ÍKE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Number:	3235-0076							
Expires:	May 31, 2005							
Estimated average burden								
hours per respo								
hours per respo	nse16.0							

SEC USE ONLY						
Prefix	Serial					
DATE	RECEIVED					
1	1					

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  FORWARD - LOOKERS	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	03023245
FORWARD-LOOKERS LTD.	
Address of Executive Offices CT. (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
92 FRANKLIN DEL # 204 ANNAPOLIS, MD 21401	410-295-5461
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
ISSUED SEEKS TO IDENTIFY/DEVELOP/LAUNCH/OPERI	ATE ITS DUN' OPPORTUNITIES
Type of Business Organization	
	elease specify):
business trust limited partnership, to be formed	BARROCE
Month Year	NKOCE99E.
Actual or Estimated Date of Incorporation or Organization: OT DESTINATION OF State  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	JUN 1 7 2003
GENERAL INSTRUCTIONS	THOMSON
Federal:	FINANCIAL

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 774(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20349.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	**************************************
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class</li> </ul>	s of equity securities of the issuer.
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partner</li> </ul>	rship issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
MICHAEL SWITH	
Business or Residence Address (Number and Street, City, State, Zip Code)	
92 FRANKLIN CRT. # 204 ANN PONUS. MD 21401	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	**************************************
Business or Residence Address (Number and Street, City, State, Zip Code)	

				B. 11	FORMATI	ON ABOU	T OFFERI	NG				
1 Uac el	a icones acto	or dozo st	a loonas :-	tend to se	II to pop-a	oreditad i	vectore in	this offer	007		Yes	No
1. Has th	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								**************		L	
2. What										\$	150-	
											Yes	No
comm	ission or sim	ilar remune	ration for s	olicitation	of purchase	rs in conne	ction with	sales of sec	curities in t	he offering.		
or stat		me of the b	roker or de	aler. If mo	re than five	(5) person	s to be list	ed are asso				
	or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only.											<del></del>
Full Name	(Last name	first, if indi	vidual)									
	r Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)	<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·			·
Name of A		ales as Da	.1							<del></del>		
Name of A	ssociated Br	orci ol DC	1101									
	hich Person											
(Chec	k "All States	" or check	individual	States)	***************	*********	<del></del>				☐ Al	1 States
AL	AK	AZ	AR	CA	CO	CT	DE	(DC)	FL	GA	H	ID
	IN NE	IA NV	KS	KY NJ	IA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
MT RI	NE SC	NV SD	NH HM	TX	NM UT	VT	VA)	WA	WV	WI	WY	PR
Full Name	(Last name	first, if indi	ividual)	·····								
Business	or Residence	Address (1	Number an	d Street, C	lity, State, 2	Zip Code)		<del></del>		<del></del>		<del></del>
							<del></del>					
Name of A	ssociated Br	uker of De	BICT									
	Vhich Person								·····		<del></del>	**************************************
(Chec	k "All States	or check	individual	States)		********	************		*************	,	☐ Al	l States
AL	[AK]	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	(ID)
IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	OH)	MN OK	MS OR	MO PA
RI	SC		TN)		UT	VT	VA	WA	WV	WI	WY	PR
Fuli Name	(Last name	first, if ind	ividual)	- <del></del>					<del></del>			,
Rucinace	or Residence	Address (1	Viimher on	d Street C	'ity State '	Zin Code	<del></del>	<del></del>				
1343311633	or residence	, , tuuli 135 (1	TENIDE (II)	a cree bloby to	my, state, i	p Odde)						
Name of A	ssociated B	roker or De	aler									
States in V	Vhich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		·				
(Chec	k "All State	s" or check	individual	States)	*************	••••••••		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			☐ Al	1 States
AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	(ID)
	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH [TN]	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ł.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, of this box and indicate in the columns below the amounts of the securities offered for exchange already exchanged.	check	
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	s <u>-O</u>	s_ <del>O</del>
	Equity	s <u> </u>	s O
	Common Preferred		
	Convertible Securities (including warrants)	<u>\$ 525,0</u>	00 1.750
	Partnership Interests		s <del>O</del>
	Other (Specify)	s <u>O</u>	s O
	Total		Ds 1750-
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indite number of persons who have purchased securities and the aggregate dollar amount of purchases on the total lines. Enter "0" if answer is "none" or "zero."	dicate	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	<u>D</u>	\$ 0
	Non-accredited Investors		s_1,750-
	Total (for filings under Rule 504 only)		<u>\$</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all secu sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question	to the	
	The and Official	Type of	Dollar Amount Sold
	Type of Offering  Rule 505	Security	
	Regulation A		\$ 70
	Rule 504	·······	\$ 77.00
	Total		s_1,150°
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the instance information may be given as subject to future contingencies. If the amount of an expendit not known, furnish an estimate and check the box to the left of the estimate.	surer.	
	Transfer Agent's Fees		1 5
	Printing and Engraving Costs		] <u>\$                                   </u>
	Legal Fees		] \$_B_
	Accounting Fees		s_6_
	Engineering Fees		1 \$ 0
	Sales Commissions (specify finders' fees separately)	-	1 \$ 0
	Other Expenses (identify)	-	15
	Total		s O

				<del></del>	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gros proceeds to the issuer."	s ·		s_5	2500
•	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	d			·
			yments to		
			Officers, rectors, &	P	ayments to
		A	Miliates		Others
	Salaries and fees	<b>₩</b> \$_	15D,000	) [1/\$_	100,C
	Purchase of real estate			☐ <b>\$</b> _	0
	Purchase, rental or leasing and installation of machinery		a		0
	and equipment			. 🗆 \$_	0
	Construction or leasing of plant buildings and facilities	_ <b>1</b>	1	_ □ <b>\$</b> _	-6
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another				•
	issuer pursuant to a merger)	□\$_	A	□\$.	-6
	Repayment of indebtedness				0
	Working capital	s_	0	D/\$_	100,0
	Other (specify):	□ <b>\$</b>	0		Ð
		\$_	0	_ 🗆 \$_	0
	Column Totals			2 <u>s</u>	200,0
	Total Payments Listed (column totals added)		_َد_	350,	000
	D. FEDERAL SIGNATURE		<del></del>		
ŗ	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notinature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comminformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ission,	upon writte		
	uer (Print or Type) Signature	Date		1	
	newron-Lookins, Lo Munul Smith		6/10/	DE	<b>,</b>
			/ /		
	me of Signer (Print or Type)  7 itle of Signer (Print or Type)				

- ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1		E. STATE SIGNATURE			
1.	Is any party described in 17 CFR 230.262 provisions of such rule?			Yes	No
	S	ee Appendix, Column 5, for state response	s.		
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as requ		ate in which this notice is fi	ied a no	otice on Forn
3.	The undersigned issuer hereby undertakes issuer to offerees.	to furnish to the state administrators, upon	n written request, informat	ion fu <b>r</b> r	nished by the
4.	The undersigned issuer represents that the limited Offering Exemption (ULOE) of the of this exemption has the burden of establishment.	state in which this notice is filed and unde	rstands that the issuer clair		
	uer has read this notification and knows the co othorized person.	ntents to be true and has duly caused this not	ice to be signed on its behal	f by the	undersigned
Issuer (	(Print or Type) WARD-LOOKERS, LTD	Signature Michael Smith	Date 6/10/0	3	
-	Print or Type)  AHAM SMITH	Time (Print or Type)  THESIDE NOT			

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		under Sta (if yes, explana waiver	ification ate ULOE
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
ΑK		/		,					
AZ		1							
AR		V							
CA		/							
со		/							
CT		V							,
DE		1							
DC									
FL	V		CONVERTIBLE	0	0		1,750		
GA		/							
ні		1							
ID		/							
IL		/							
IN		/							
IA		/							
KS		/							
KY		1							
LA		/							
ME		V							
MD		V							
MA		/							
МІ		V							
MN		/							
MS									

APPENDIX											
i	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and irchased in State C-Item 2)		under Sta (if yes, explana	ification ate ULOE attach ation of granted)		
State	Ves	No		Number of Accredited Investors	Number of Number of Non-Accredited Non-Accredited				No		
МО		V									
MT		~									
NE		~									
NV		v									
NH		<i>i</i> /									
NJ		/									
NM		V									
NY		V									
NC		1									
ND		/									
ОН		1									
ОК		V									
OR											
PA		~									
RI		~									
sc		/			Ì						
SD		V_									
TN		/									
TX		~									
UT		/									
VT		/									
VA		/									
WA		1									
wv		./									
Wì											

	APPENDIX												
1	1 2 3 4						5						
	Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
WY		V											
PR		V											